24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mayday PAC	
	C C00562587
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
DSPolitical	08 / 31 / Y Y Y Y Y Y Y
Mailing Address 901 New York Ave NW	Amount
Suite 470 East	
City State Zip Code Washington DC 20001-4432	15000.00
	Transaction ID: VNV0C9P5DM3 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Buy Category/ Type	08 / D D / Y Y Y Y Y Y 31
Name of Federal Candidate Support	Office Sought: House District:00
Jim Rubens Oppose	President State: NH_
	Disbursement For:
Full Name of Payee Google	Date of Public Distribution/Dissemination
Mailing Address 1600 Amphitheatre Pkwy	08 31 2014
1600 Amphitheatre Pkwy	Amount
City State Zip Code	32500.00
Mountain View CA 94043-1351	Transaction ID : VNV0C9P5E58 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Buy Category/ Type	08 / 31 / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Jim Rubens Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	47500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mark Mckinnon [Electronically Filed] Date	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mayday PAC	C C00562587
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name of Payee Francis Shaw Jr	Date of Public Distribution/Dissemination
Mailing Address 70 Mill St	08 / 31 / 2014
	Amount
City State Zip Code Mansfield MA 02048-3230	1750.00 Transaction ID : VNV0C9P5E66
Purpose of Expenditure Estimated Online Ad Production Costs Category/ Type	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Jim Rubens Oppose	President Senate State: NH
	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	49250.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mark Mckinnon [Electronically Filed] Date Signature	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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